

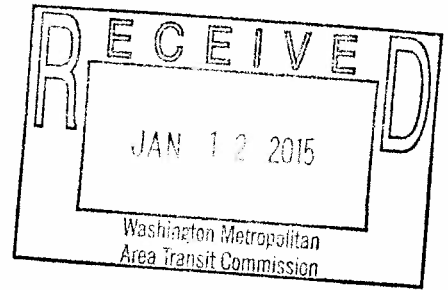
Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

APPROVED

Read the accompanying instructions carefully before completing this form.

REJECTED



1. CARRIER INFORMATION:

2253 Vanity Tours Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

21120 Twinridge Square Apt./Suite City Sterling VA 20164-6314

*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

(202) 288-6791

240 235 4253

info@vanitytours.net

(443) 541-3334

info@vanitylimo.com

*Telephone

Other Telephone

Fax

E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2390440

821640

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Nadeem Aslam Nagra

Owner

*Name

*Title

(202) 288-6791

240 235 4253

info@vanitytours.net

(443) 541-3334

info@vanitylimo.com

*Telephone

Other Telephone

Fax

E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Nadeem Nagra

(202) 288-6791

nnagra1@verizon.net

Name of Registered Agent for Service of Process

Telephone

E-mail

16600 MATTALOMAN LN
145 Fleet Street, #275

WALDORF
Oxon Hill

MD

20601

20745-1548

Agent Address (must be inside Metropolitan District)

Apt./Suite

City

State

Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

AGENT ADDRESS:- 16600 MATTAWOMAN LN WALDORF MD 20601

EMAIL:- INFO@VanityTours.NET FAX:- 240 235 4253

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
989	2013	IC	5WEXWSKK5DH170768	028P57	MD	29	NO
748	2001	PREVOST	2PCH3341911014256	026P91	MD	55	NO
768	2002	MCI	3BMXSMPAX2S080236	026P92	MD	56	NO

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

NADEEM NAGRA

*Name (type or print)


*Signature

PRESIDENT/OWNER

*Title (not required for sole proprietors)

1-8-15
*Date